

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	R-51		3/4/01
<b>FORMALITY REVIEW</b>	TM	70864	6/6/01
<b>RESPONSE FORMALITY REVIEW</b>	HC	712	09/20/01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	✓
2	✓
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15	✓
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23	✓
24	✓
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31	✓
32	✓
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41	
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	
50	✓

Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

6/17/01  
6/18/01  
6/19/01  
6/20/01